



A Warrior in Transition

A Case Study in Persistence and Perseverance Medical Performance Improvement Lessons Learned

**Thursday, 26 January 2011
MHS Conference
Washington, DC**

COL George Patrin

"The Commander"

MAJ Steve McCullough

"The (Wounded) Warrior in Transition"

Unclassified

"Information Brief"

DISCLOSURE STATEMENT



COL George Patrin, MD
MAJ Steve McCullough, Psychologist

“The views expressed in this presentation are those of the authors and do not reflect the official policy of the Department of the Army, the Department of Defense or the U.S. Government.”

Assumption

All participants in the care of our patient were/ are well-meaning and want(ed) to do what's right.

Agenda

(When Things Don't Go Well)



“A soldier’s struggle to remain on active duty until definitive rehabilitative treatments could be accessed.”

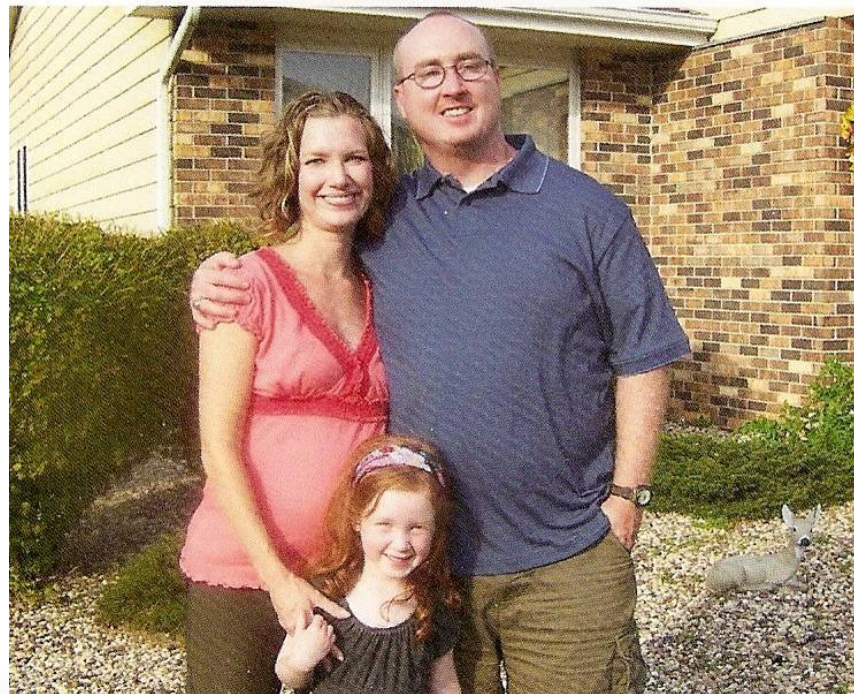
- Introductions/ Background
 - Soldier (HIPAA discussed)
 - New Commander
- Issues
 - Soldier’s Perspective
 - Commander’s Perspective
- Challenges/
Accomplishments
- Future Recommendations
- Your Comments/
Experiences

“CAN WE TALK?”

The Warrior/ Patient and His Family



**A story all too common...
interactions with other soldiers
indicate this story isn't unusual,
unfortunately**



Military Health System Conference



January 24 – 27, 2011

Gaylord National Resort & Convention Center
National Harbor, MD

A Warrior's Story and MHS Strategic Initiatives for 2011

Readiness

- Psychological Health
- Whole Person Care
- Integrated

Experience of Care

- Patient and Family Centered (Medical Home)
- Referral Management with Care

Learning and Growth

- Coordinators and Integrated Teams
- Enhancing Skill Sets (Work to Top of License)
- Include Patient in Comprehensive Care Plan

2011 MHS Conference



Population Health

- Caring for Warriors Coming From or Going to War!
- Attention All Health Needs (I.e. Pain)
- Include Activities of Daily Living (ADLs)

Per Capita Cost

- Value Face-to-Face and email and Tele-Visits (Synchronous and a-synchronous)
- Partner and Communicate With Community Resources (Urgent care, VA, Hospitals, Other Services)

Motto:

Proudly providing timely care with compassion to our joint fighting forces and their families.

Where you are stationed and your socioeconomic status somehow dictates how 'sick' you must be (the patient) and how difficult the work is to be done (the clinic).



BLUF - Leader Accountability

- **Military Disability System: Increased Supports for Servicemembers and Better Pilot Planning Could Improve the Disability Evaluation Process**

“Various reviews and high-level commissions have identified substantial weaknesses in the care that service members receive and the ... systems they must navigate.”

**Government Accounting Office (GAO-08-1137)
24 September 2008**



BLUF - Leadership in Action

- **LTG Schoomaker, Army Surgeon General: “We continue to face challenges that require blunt honesty, self-assessment, humility and the ability to listen to those in need.”**
- **MG Horoho, WRMC CDR: “Take care of our soldiers who see the Army’s medical system from the eyes of a patient.”**
- **BG Baxter, WRMC CDR: “I support a new look by a third party to be sure we are taking care of this soldier and his family.”**
- **AF**
- **NAVY**
- **VA**

The Warrior/ Patient

MAJ Steve McCullough



Husband

Father of 6 year old Kayleigh, Sheighlyn arrived in
Soldier - Dec 08

Student (Engineering undergrad @ WV,
then MS at U Missouri)



Leader - Top blocked, always maxed P tests,
OIC West Point Rugby

Instructor (MS, ABD in Psychology U WA,
**West Point Instructor of Behavioral Sciences
and Leadership**)

Community - OIC Orange County, NY Special
Olympics

Commander - 317th CBT EN, 24th ID (rapid
deployment),

168th CBT EN, 2nd ID



The Warrior/ Patient

MAJ Steve McCullough



Mountain Warfare

NBC Specialist

**Company chosen as first Stryker BDE
Engineer company out of Ft. Lewis
Multiple deployments (ENG Co CDR to
Kuwait)**

Psychologist, taught at West Point

**Hand-selected for Naval Postgraduate
School as Operations Researcher**



The Warrior/ Patient

MAJ Steve McCullough



- Multiple body injuries over the years – sports, PT, jumps, vehicle roll-over
- Chronic back pain led to 19 surgeries over 6 years at two Medical Centers, implant surgery
- Multiple trials of pain treatments led to 200mg MS/day
- Transferred to NPS in Monterey, CA in 2004 for Master's Program, could not continue after 4 months
- As of Jul 07, not in school, unable to drive, not able to work for two years
 - Walking poorly with cane (foot-drop)
 - Shoulder paralysis (s/p thoracic outlet syndrome surg, rib resection)
 - Chronic, constant headaches, blurred vision, confusion
- **Found 100% NOT Fit for Duty (FFD)**
- MEB minimized condition, overlooked diagnoses, appeal rejected, **PEB arrived at 0% disability decision**
- Soldier planned appeal of PEB, having difficulty

The Warrior/ Patient

MAJ Steve McCullough



- 1st meeting w/CDR – couch bound soldier
- 4 days from 60 day severance after 16.5 years of service, no retirement, benefits
- Lost 3 rental houses, retirement property, life savings
- Lawyer fees for appeal (\$10,000)
- Lost 30 days leave/year x 3 years
- Isolated
- Lost career, chance to deploy again

The Commander

COL George Patrin



- **“Call it what it is”** command philosophy
- POM Army Health Clinic in BRAC'd area
 - Under Madigan AMC, downsized in 2004
 - Care for AD only, all FMs go downtown
 - Clinic undergoing renovation, phone system inadequate
- Staffing challenges
 - Employee turnover 50% over 6 months
 - Chronic backfill required
- The Network was lacking due to cost of living, paperwork
 - Referrals difficult
 - No case management

The Commander

COL George Patrin



- Soldier/ Patient was languishing (Vs 'malingering' or 'doctor shopping') in the TRICARE referral system, his own case manager
- Remind staff: "Who's the patient?"
Every warrior in need is still "fundamentally whole" until proven otherwise
- Need a new culture: "Have we done everything we can on active duty at military clinic?"
(Until we have diagnosed all conditions that can be treated on AD, we don't 'transfer' to the VA)
- Get healthcare teams established; need case management by every team
- "What's real, and what's Memorex?"

Issues

The Soldier



- The Soldiers, now a patient, is (temporarily) out of the fight (hopefully)
- About to be released from Active Duty (AD) Service after 16.5 years with no hope
- Soldier (and family) wants evaluation and an answer, resolution of medical conditions, wants to return to active duty
- Medical condition contributed to inability to function, appeal or delay MEB/PEB decisions
- Culture, attitude change must occur to change the stereotype of patient being a malingerer or drug seeker

Issues

The Soldier



- Each referral is like “starting from scratch”
- Appointments were often dropped, miscommunicated
- Communication difficult with providers due to condition
 - Army Health Clinic and TriCare Network Community)
 - Civilian - Military provider interactions poor
- Transportation difficult due to condition
- Medicine refills problematic (too many, uncoordinated)
- No effective “pain management” program
- Multiple PCSs lead to lack of follow-up care, poor record keeping
- Medical history began including innuendo due to lack of time, lack of continuity

Issues

The Commander



- Military medical perception of “soldiers”
- Soldier’s perception of medical
- What is “case management?” Who does it?
- Responsibilities of unit; patient; Tricare
- Leadership role
 - Healthcare Team
 - Individuals
 - Patient involvement, self-care
 - “Step out of your lane and assist with change”
 - “Work up to your license/ skill set”
- **All “Medically Not Ready (MNR)” are “warriors in transition,” whether coming from...or going to the combat zone!**
- Need an integrated Family Wellness Center on post

Issues

The Commander



- 'Smaller' installations are not being resourced to aggressively manage patients after injury/unexpected medical condition
- Evaluation wasn't complete, no explanation of functionality
- Integrated healthcare case management is lacking
- MEB/PEB decision was premature
- Lack of patient and family trust with medical system (needed to be regained)
- Cultural change must occur to patient-centered care to better support the WT and his/her family



Important Events

- Aug 07 Newspaper article and congressional Clinic re-establishes PCM relationship
- Oct 07 Higher HQ visit, COL Patrin calls 1st multi disciplinary clinical assessment
PEB process stopped
- Nov 07 Independent evaluation by VA Rehab Team, discover two new diagnoses, treatment begun
- Nov 07 CG delays MEB-PEB until rehab program complete
- Jan 08 Transfer to Tampa Bay for Pain Management
- Mar 08 Back to work at ~50%
- Feb 09 Returned to MEB, attached to a WTU for re-look
➤ Returned to MEB, PEB Mar 09, this time able to 'participate' , result = 60 -> 80% disability rating

Why/ How Can-Does This Happen?



- **Group/ Unit Behavior:** Social psychology and social cognition studies use individual psychological theories and extrapolate onto groups.
- **Group Think:**
- **Actor/observer biases:**
- **Attribution Theory:**
- **Cognitive Dissonance Theory:**
- **Expectancy Theory:**

Community-Wide Cultural Change Required



1. Establish integrated case management teams (Patient-Centered Medical Homes)
2. Establish comprehensive administrative and medical services for Warriors and Family Members
3. Answer the question(s)...
 - Will we keep all warriors on AD when they can no longer 'go to war' if they still have 'war-fighting' value?
 - Will we provide additional opportunities for WTs with medical challenges to remain on AD using unique skills and experiences, after rehab (\$\$ savings)?
 - How long can we 'wait' for performance level to return before final transition decision to the VA?

Patient-Centered 'Service' Approach Inclusive and Integrated



Always ask..."who's the patient?"
(with three fingers pointing back at us!)



**The Patient
(Family)
in "Med Home"
Center**

Military
Practitioner
s

Non-Military
Practitioner
s

Primary Care
Teams
Continuity

Specialty Care
Services
Acute-Crisis

Timely Appointing/ Referral
Follow Up, Care Coordination, Case
Management

**A Medical
Home
Team!**

**Integrated
'Virtual'
Team**

**Community-Network
Education**

**A Collaborative Community
Approach**



MHS Confer



Final Update - MAJ (RET) McCullough

(There's more work to be done)



- Working NPS command evaluations, managing internal control program (half-time)
- Fundraising, raised over \$100,000 for California vets
- Kaiser Permanente speaker on attribution theory and implicit associations on race, leadership, hiring practices
- Speaker and mentor at Beacon House Rehabilitation Program
- Board Member on Citizen's Council for Pacific Grove
- Appointed as Monterey County Disabilities Commissioner
- Active member and spokesman for the Monterey Veterans Memorial Hall and Museum Project
- **Yet, COAD denied, separated on 20 Dec 2010**
- 2011 MHS Conference Monterey County 'Veteran' of the Year, Dec 2010²³

The Way Ahead!



Several initiatives will dramatically change the DOD/DA disability system:

1. Wounded Warrior Act (HR 1538) (Passed & Signed)
Contained in 2008 NDAA
2. AMAP (ongoing) – focus on improving system; created WTUs
3. DOD Pilot Program
4. Dole-Shalala Commission report – Recommended total overhaul of both DOD and VA compensation systems; DOD pays annuity based on rank & years of service; VA compensates based on disability rating
5. Look at “abilities,” not “disabilities”

Lonnie Moore, WTC Career and Employment Branch Program Analyst

MEB Outreach Counsel

<http://www.imcom-europe.army.mil/sfac/schweinfurt/faq/meboutreach.htm>



The Way Ahead Bonus

- **Three Takeaways -**

- “Ensure ALL Wounded Warriors are case managed, whether coming from or trying to get back to the battlefield; re-educate our PEBLOs and ensure the Primary Care Manager-By Name [PCM-BN] Team in the Patient-Centered Medical Home [PCMH] is directing the care.”
- “Take care of people – remember, ‘Who’s the patient?’”
- “Ensure every patient develops and understands their Comprehensive Care Plan (CCP), placed in the Electronic Health Record (EHR); include all readiness-

Thank You for Leadership Support

“George, thanks for your update on Maj McCullough. Your intervention and support of his care has paid off.”

CDR

BG Sheila Baxter,

MG Patricia Horoho, CDR



**Soldiers need you (us).
You (we) are all they have.**

**You (we) are all their
families have.**

**It's an awesome
responsibility.**

Easing soldiers' transitions

COLONEL STREAMLINES PROGRAM

By KEVIN HOWE
Herald Staff Writer

A year ago, Army Maj. Steve McCullough was looking at the end of his career, the loss of his home and life as a disabled man.

Several injuries during field maneuvers resulted in backaches and headaches that prompted a series of back surgeries that, rather than curing the problem, made them worse.

Unable to function as a field soldier, he applied for, and got, an assignment to a master's degree program at the Naval Postgraduate School in Monterey, and he and his wife Julie bought a Pacific Grove "fixer-upper" to live in and began renovating it.

Pain — and painkillers — made it impossible for him to concentrate on his studies at NPS, McCullough said, and as his physical condition worsened, the house project was put on hold. He was bedridden, walked haltingly with a cane and unable to drive.

McCullough faced discharge from the Army with no military retirement or medical benefits for his family, with treatment to be provided



VERN FISHER/The Herald

Col. George Patrin helped Maj. Steve McCullough resolve his medical issues with the Army with help from the Warrior Transition Program.

through the Department of Veterans Affairs.

That has changed, thanks, he said, to a sea change in the Army's attitude toward cases like his, implemented by the Pentagon under the Warrior Transition Program, whose goal is to get severely injured soldiers who want to continue to serve back on the duty roster.

An agent of that change, McCullough said, has been Col. George Patrin, who

Please see Soldiers page B2

An “opportunity” is waiting in your community!



Windows of Opportunity



*“Seizing opportunity is not always easy.
An ancient proverb states that many
opportunities are missed because they
come disguised as hard work.”*

Joe M. Sanders, Jr., M.D., AAP Executive Director



***“Never let the burden of
bureaucracy
fall on the soldier’s shoulders.”***



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Questions? Comments?

Kayleigh's Picture - Jan '08



"I think the doctors need to go

back to school!"

Kayleigh's Picture - Aug '09

